

Report Back for First Responders

Please complete this form after every time you administer Narcan (naloxone). You can return this form to your agency's Overdose Response Program (ORP) lead or email it directly to ProjectHOPE@alaska.gov. Your name or other identifying information will not be collected.

If you prefer, you can provide this information via an online Report Back accessed at www.opioids.alaska.gov

1. I am a(n)...

- ☐ Law enforcement officer
- ☐ EMS personnel/paramedic
- ☐ Firefighter/fire department personnel
- ☐ Corrections officer

2. When and where did the Narcan (naloxone) administration occur?

Date:

Time:

City/Town/Village:

Neighborhood:

3. Please tell us about ***the person who overdosed***. If you're not sure, use your best guess.

Sex: Female Male Transgender

Age: <18 19-24 25-39 40-59 60+

Race: Alaska Native American Indian Asian Black Native Hawaiian/Pacific Islander White

Ethnicity: Hispanic or Latino/a Not Hispanic or Latino/a

4. What drug(s) were being used when the overdose happened? (Select all that apply.)

- ☐ Opioid pain reliever (aka prescription opioid or painkiller)
 - ☐ Specify type (if known): _____
- ☐ Heroin
- ☐ Cocaine/Crack
- ☐ Methamphetamines/Speed
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Alcohol
- ☐ Other. Please specify: _____
- ☐ Don't know/not sure

5. What signs of overdose did the person show? (Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Loud snoring/gurgling | <input type="checkbox"/> Skin pale/gray, clammy |
| <input type="checkbox"/> Not breathing or shallow breathing | <input type="checkbox"/> Lips/fingertips blue |
| <input type="checkbox"/> Body very limp | <input type="checkbox"/> No pulse or slow pulse |
| <input type="checkbox"/> Unconscious | <input type="checkbox"/> Other. Please specify: _____ |
| <input type="checkbox"/> Unresponsive | |

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6. Where were the drugs being used when the overdose happened?

- ☐ In someone's home
- ☐ In the street/outdoors
- ☐ In a public place
- ☐ Shooting gallery
- ☐ Other. Please specify: _____

7. How confident did you feel in your ability to respond to the overdose?

1	2	3	4
Not at all confident			Extremely confident

8. How many doses of Narcan (naloxone) did you administer? (Each Narcan container is one dose.)

- ☐ One
- ☐ Two
 - How many minutes passed between doses? _____
- ☐ More than two
 - How many minutes passed between doses? _____

9. What was the person's response to Narcan (naloxone)?

- ☐ No response; overdose signs continued
- ☐ Woke up
 - If woke up, did side effects occur?
 - ☐ Nausea/vomiting
 - ☐ Seizure
 - ☐ Felt sick/withdrawal symptoms (including chills, headache, diarrhea)
 - ☐ Became angry/upset/confused
 - ☐ Other. Please specify: _____
 - ☐ No side effects

10. Was the person transported to the hospital?

- ☐ Yes
- ☐ No

11. Did the person who overdosed survive?

- ☐ Yes, survived.
- ☐ No, died.
- ☐ Don't know.

12. Please share any additional comments or suggestions for how we can improve Project HOPE and the use of Narcan to prevent overdose deaths.